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Coverage Summary for
Town of Arlington
Group Number:
012314
Effective: 01/01/2016

Calendar Year Maximum:		Low Plan \$750	High Plan \$1,500
Calendar Year Deductible – Individual/Family Max: Waived for Diagnostic and Preventive categories		\$50/\$150	\$50/\$150
Category / Procedure	Qualifications		
Diagnostic Comprehensive Evaluation Periodic Oral Exam Full Mouth X- rays Bitewing X-rays Single Tooth X-rays	Once every 60 months. Twice per calendar year. Once every 60 months. Twice per calendar year. As needed.	100% Coverage	100% Coverage
Preventive Teeth Cleaning Periodontal Cleaning Fluoride Treatments Space Maintainers Sealants Chlorhexidine Mouthrinse Fluoride Toothpaste	Twice per calendar year. Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings. Twice per calendar year for members under age 19. Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth. Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who had a recent cavity and are at risk for decay. This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planing. This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery.		
Basic Restorative Silver Fillings White Fillings (Front Teeth) White Fillings (Back Teeth) Temporary Fillings Stainless Steel Crowns	Once every 24 months per surface per tooth. Once every 24 months per surface per tooth. Covered only for single surfaces. Once every 24 months per surface, per tooth, multi-surfaces will be processed as a silver filling and the patient is responsible up to the submitted charge. Once per tooth. Once every 24 months per primary tooth, after a pulpotomy.	80% Coverage	80% Coverage
Oral Surgery Simple Extractions Surgical Extractions	Once per tooth. Once per tooth.		
Periodontics Periodontal Surgery Scaling and Root Planing	Limited to one surgical procedure in 36 months, per quadrant. Once in 24 months, per quadrant.		
Endodontics Root Canal Treatment Vital Pulpotomy	Once per tooth. Limited to deciduous teeth.		
Prosthetic Maintenance Bridge or Denture Repair Rebase or Reline of Dentures Recement of Crowns & Onlays	Once within 12 months, same repair. Once within 36 months. Once per tooth.		
Emergency Dental Care Minor treatment for Pain Relief General Anesthesia and IV Sedation	Three occurrences in 12 months. Covered with surgical impacted wisdom teeth only.		
Prostodontics Dentures Fixed Bridges and Crowns Implants (only in lieu of a 3-unit bridge)	Once within 60 months. When part of a bridge. Once within 60 months. An Endosteal Implant: Only when it is to replace one missing tooth and when adjacent teeth are healthy and do not require crowns. Once per 60 months per Implant. (Pre-estimates recommended).	Not Coverage	50% Coverage
Major Restorative Crowns	When teeth cannot be restored with regular fillings. Once within 60 months per tooth.		
Orthodontics: For dependents to age 19.		Not Covered	coverage, \$1,000 per person Lifetime Maximum

Low Plan Rates: \$40.19 & \$94.35
High Plan Rates: \$55.72 & \$130.80

Additional Benefit Information

- **Dependent Eligibility:** Eligible dependents are covered up to age 26.
- **Rollover Maximum:** *Rollover Max dollars do not apply to orthodontic services.* To qualify for Rollover Max, you must receive at least one cleaning or oral exam in the calendar year. You must be enrolled for dental coverage before the 4th quarter of the plan year (10/1-12/31) and your paid claims must not exceed the maximum "threshold" amount.

Plan	Your calendar year maximum benefit amount.	If your total yearly claims don't exceed this threshold amount...	Then you can roll over this amount to use next year, and beyond.	Your accumulated rollover total is capped at this amount.
High Plan Only	\$1,500	\$700	\$500	\$1,250

- Non-participating dentists may balance bill. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.
- Ask your dentist to submit a pre-estimate to Delta Dental for any procedure that exceeds \$300.00. This will help you estimate in advance any out-of-pocket expenses you may incur and will confirm that the services you're having are covered under your dental plan.

Delta Dental PPO Plus Premier



Easy Access and Great Value – Your Delta Dental Networks

As a Delta Dental PPO *Plus Premier* subscriber, you have access to two of Delta Dental's extensive national networks- Delta Dental PPO, with more than 207,000 participating dentist locations and Delta Dental Premier, the largest dental network in the country with more than 290,000 dentist locations. Three out of four dentists nationwide participate in one or both of these networks.

You will enjoy great benefits when you receive your dental care from a participating dentist in either the Delta Dental PPO or Delta Dental Premier networks.

- Both networks offer discounted fees and a no balance billing policy.
- You will receive good value from Delta Dental Premier network dentists who generally accept discounted fees.
- You will enjoy the greatest savings when visiting Delta Dental PPO network dentists due to even deeper discounts.
- If you choose to receive services from a non-participating dentist, you will have higher out-of-pocket costs as the Delta Dental contract rates and the no balance billing policy do not apply.

Simply visit www.deltadentalma.com to find a participating dentist in your area.

Learn more at deltadentalma.com

You can find more information about your benefits plan in the Delta Dental Member Guide, available from your benefits administrator or online at www.deltadentalma.com. In the guide, you can learn how to use your benefits, how to find a dentist or specialist, how the claims and appeal processes work, and more about keeping a healthy mouth for life. Visit www.deltadentalma.com to find plan information, review eligibility status, check on claim status, or find a dentist. If you have any questions or need additional information, you can call customer service at 1-800-872-0500.

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your group's plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Subscriber Certificate, which is available through your benefits administrator. If you receive a treatment after you have exhausted your maximum or if you receive a treatment that will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.

Your Plan is Administered by:
Delta Dental of Massachusetts
1-800-872-0500
www.deltadentalma.com

465 Medford Street
Boston, MA 02129

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